

BARTHOLOMEW COUNTY PROSECUTOR'S OFFICE
Child Support Division
234 Washington Street
Columbus, IN 47201
Telephone: (812) 379-1674
Fax Number: (812) 379-1701

TITLE IV-D PROGRAM

**THE FOLLOWING DOCUMENTS ARE REQUIRED WITH THE COMPLETED
APPLICATION FORMS**

1. Child(ren)'s birth certificate
2. Child(ren)'s social security card
3. Your personal identification.
4. Paternity affidavit (If child's date of birth is after 10-31-97)
5. Any court orders pertaining to divorce, paternity, guardianship or custody
6. If paternity is an issue, any cards, letters, etc. from the alleged father

REMINDER: If the applicant is not currently receiving TANF or Medicaid for the applicant or the child(ren), there is a \$25.00 fee that is due at the time you turn in your paperwork. This non-refundable fee is payable by money order or cashier's check only and should be made payable to the Indiana Division of Family and Children.

OFFICE HOURS

Monday through Friday – 8:00 a.m to 5:00 p.m.

William M. Nash
Prosecuting Attorney

Aaron G. Barnard
Deputy Prosecuting Attorney

**What if I have received public assistance, such as
Temporary Aid to Needy Families (TANF), formerly AFDC?**

Under Federal law, a custodial parent who receives TANF assigns all child support to the Indiana Child Support Bureau. This means that any support payments that are received after the custodial parent enrolls in TANF are given to the government. After the custodial parent withdraws from the TANF program, the custodial parent will receive any payments allocated to current child support, any back support remaining that accrued prior to the receiving TANF, and any back support that accrue after TANF is no longer received.

Why is the Prosecutor's Office involved?

Congress and the Indiana General Assembly recognize that some parents refuse to support their children. When this happens, the child suffers and single-parent families often must ask the government for financial assistance through public welfare. This results in more welfare, higher taxes and a lower standard of living for the child – all things that our society wants to avoid. Because almost every county in the United States has a prosecutor, Congress decided to ask prosecutor's to assist custodial parents and, when necessary, the Division of Family and Children in collecting child support.

How do I obtain help from the Prosecutor's Office?

First, you must have a child that is legally entitled to support. A court must have legally identified the other parent of the child and ordered that person to pay a specific amount of money to assist with the expense of raising the child. We can help you with this process, if you have not legally established the identity of the child's other parent and would like to establish a child support order or if you have a legal child support order and would like assistance in its enforcement. The obligated parent must be the equivalent of one month in arrears. You must bring the proper information to this office and pay a one-time fee of Twenty-Five (\$25.00) Dollars. If you receive TANF and/or Medicaid you automatically become a case in the prosecutor's office.

How do I find out whether a payment was made?

The Prosecutor's Office enforces the order to pay support. The actual payments are made to the County Clerk's Office. (Certain exceptions may apply)

If the obligated parent pays through the Bartholomew County Clerk, you may contact the clerk in writing or in person to see if a payment has been made. The telephone number to the support clerk is 812-379-1603. You will need to have a picture identification available if needed. In some instances there may be a small fee for these records. You may also call the State Child Support Bureau at 1-800-233-KIDS.

If the obligated parent does not pay through the Bartholomew County Clerk, you may either contact the appropriate clerk's office, or call the State Child Support Bureau at 1-800-233-KIDS.

**How will I receive any money that has been paid
once I sign up for the IV-D program?**

Child support that is paid while the custodial parent is on TANF will be sent to the State Child Support Bureau to reimburse TANF received.

If no TANF has been received, all money paid to the clerk's office will be sent to the custodial parent, until everything owed for the month is paid in full. The payoff order is as follows:

- a.) Current support for the month
- b.) Back support owed to the custodial parent (pre-TANF or post TANF), until paid in full
- c.) Money owed to the State of Indiana

Money intercepted from tax returns always goes to the State of Indiana first, regardless of the case type, if there is any money owed to the State of Indiana for TANF reimbursement.

The ISETS computer calculates the number of weeks and amount due on each account at the beginning of each month. All payments received go to Current Support until that account is paid in full for the month, then to support arrearages.

Will you bring legal action against a non-custodial parent who misses a child support payment?

The law provides that the non-custodial parent must be at least the equivalent of one month behind in payments before a prosecutor can bring legal action.

How can you arrest an obligated parent that doesn't pay?

The prosecutor's office can obtain a writ for arrest from the court only if the delinquent parent fails to attend a court hearing or is liable for criminal charges.

How do I get the obligated parent's tax return?

If the obligated parent owes enough to have his taxes offset it will be done automatically. The obligated parent must owe at least One Hundred Fifty Dollars (\$150.00) on a TANF case or former TANF case to be offset. The obligated parent must be at least Five Hundred Dollars (\$500.00) in arrears on a non-TANF case to be offset.

The obligated parent will be offset even if they are already paying on the arrearage, provided that the arrearage meets the above criteria.

The State Child Support Bureau will keep any taxes that are offset, if any money is due to the State of Indiana.

Any money owed to the custodial parent will be distributed by the State Child Support Bureau approximately six months after the obligated parent files his / her return, if it is a joint return. The State Child Support Bureau does not hold a single return as long.

The reason for the delay in processing is to eliminate the necessity of the custodial parent being required to pay any money received in error back to the State Child Support Bureau. Such an error could result from an amended return being filed, a tax audit, or an injured spouse form being filed by the obligated parent's current spouse.

We must have the obligated parent's verified social security number to offset taxes.

Can the Prosecutor's Office help with visitation, custody issues or collecting medical bills?

The law that allows the Prosecutor's Office to assist with past-due child support does not allow the Prosecutor's Office to help with issues of custody and visitation. The Prosecutor's Office can help ONLY with the

collection of court-ordered child support. A private attorney can assist with other problems, such as visitation and custody.

The Prosecutor's Office can enforce a medical arrearage that has been established by the court and reduced to a judgment. If a specific amount has not been determined by the court, the custodial parent will have to petition the court or hire private counsel to establish the amount owed, before the Prosecutor's Office can enforce.

Is the Prosecutor's Office my attorney?

No. The Prosecutor's Office is functioning only as a collection agency. You may need a private attorney if you have other issues requiring assistance. See the Title IV-D Waiver for further information.

If I am a IV-D client or TANF/Medicaid recipient can I accept money directly from the non-custodial parent?

No. If you are receiving TANF/Medicaid benefits or are signed on the IV-D program for enforcement, all payments from the non-custodial parent MUST be paid to the Clerk's Office. If you accept any money or significant property from the non-custodial parent, you may jeopardize your TANF/Medicaid benefits AND you may be charged with a crime.

Accepting direct payments is grounds for being terminated from the IV-D program, even if you are not currently on TANF or Medicaid.

What services are included and are there any additional costs?

You will be entitled to all services offered by the IV-D program as long as the case remains active. This service shall include the Parent Locator Service and the legal services of the Prosecutor's Office. These services include establishing paternity, establishing and/or enforcing a support obligation, including health insurance coverage. The services do NOT include handling a divorce case, enforcement of custody or visitation orders, nor any other matters not related to the support of dependent children. Any costs incurred in excess of the application fee, such as court costs, witness fees, genetic testing costs, IRS offset fees, service fees and administrative costs associated with this case may be charged to you.

Miscellaneous information you should know

The prosecutor's office is not allowed to give out information regarding your address or employment to the obligated parent. We are also not allowed to give information regarding the obligated parent's address or employment to you.

The prosecutor's office does not talk to third parties. Only the custodial parent or paying parent are parties to the action, and are the only people with whom we are allowed to discuss the case.

If a dispute arises regarding the arrearage, written documentation of how you arrived at your figures must be provided to the Prosecutor's Office before any resolution can be obtained.

Notice of Cooperation and Termination of Service

This is to notify you that the Bartholomew County Prosecutor's Office, Child Support Division expects your cooperation in the enforcement of a support order, establishment of a support order, parent location, paternity establishment, or income withholding orders:

Cooperation means:

Appear for appointments and required hearings

Appear for felony non-support appointments

Keep the Child Support Enforcement Office notified of current telephone number/address

Timely notify the Child Support Enforcement Office of actions taken by private counsel you have hired

Do not provide false information to your caseworker

Do not use abusive, obscene or vulgar language in the office, in writing or on the telephone to IV-D staff

Do not make threats to any child support staff

Do not commit a crime against a member of the child support staff

Do not act in a disorderly or disruptive behavior in the Child Support Enforcement Office or in court

Provide documents necessary to litigate case, example: court orders, payment history and any paperwork you are requested to fill out

Do not accept or continue to accept direct child support payments in violation of your court order and office policy

Do not demand or request that the Child Support Enforcement Office act unethically, illegally, or outside the bounds of the law after being informed of the illegality or infeasibility of demand or request

I hereby acknowledge that I have received and read the above reference Notice of Cooperation. I further understand that should I not cooperate with the Child Support Enforcement Office as listed above, I will be sanctioned immediately from any TANF and/or Medicaid benefits I receive and possible termination of IV-D Child Support Services from the Prosecutor's Office.

TERMINATION OF SERVICES: The applicant may terminate services only if any charges due or overpayments owing are paid, by notifying the Child Support Bureau in writing that services are no longer desired. The State may terminate services only in accordance with 45 CFR 303.11. Services in respect to this application will also terminate if the applicant receives TANF/AFDC.

APPLICANT'S OBLIGATIONS: The applicant is expected to fully cooperate with the local IV-D office in the legal and non-legal preparation of the case, including, but not limited to notifying the local IV-D agency of change of address, supplemental information regarding the absent parent, reuniting with the absent parent, and other information pertinent to the case. THE APPLICANT MUST ALSO NOTIFY THE CHILD SUPPORT BUREAU AT THE ABOVE ADDRESS OF ANY CHANGE OF ADDRESS.

**Acknowledgment of Receipt of Brochure
And Termination of Services
And / or Notice of Cooperation**

The applicant has read and signed the Termination of Services or the Notice of Cooperation. The applicant has received the Information Brochure and agrees to read said brochure before calling the Child Support Enforcement Office with any questions.

Date

Applicant

TITLE IV-D WAIVER

The undersigned custodial parent acknowledges that the Bartholomew County Prosecutor's Office is an agent of the State of Indiana and the Family and Social Services Administration, Division of Family and Children and cannot serve as a private attorney to custodial persons. The Bartholomew County Prosecutor's Office's function is to protect and promote the interests of the State at large and best interest of the children in particular, and these interests may conflict at times with the interests of the custodial person.

Pursuant to Title IV-D of the Social Security Act, the Office of the County Prosecuting Attorney provides four basic services:

1. The location of absent parents
2. The establishment of paternity and support orders
3. The enforcement of support orders
4. The review / modification of support orders

THE PROSECUTOR'S OFFICE DOES NOT PROVIDE REPRESENTATION WITH REGARD TO THE ISSUES OF VISITATION, CUSTODY AND PROPERTY SETTLEMENT. IN FACT, PURSUANT TO THE MANDATE OF THE TITLE IV-D, THE OFFICE IS NOT ALLOWED TO BECOME INVOLVED IN SUCH MATTERS OF CUSTODY, VISITATION, AND PROPERTY SETTLEMENT, INCLUDING ANSWERING WHAT MAY SEEM LIKE STRAIGHT FORWARD QUESTIONS ON THESE MATTERS. YOU SHOULD CONSULT WITH A PRIVATE ATTORNEY OR LEGAL AID CONCERNING THOSE ISSUES.

THE UNDERSIGNED ACKNOWLEDGES THAT THEY ARE NOT ENTERING INTO AN ATTORNEY-CLIENT RELATIONSHIP WITH ANY ATTORNEY IN THE OFFICE OF THE BARTHOLOMEW COUNTY PROSECUTOR. ACCORDINGLY, ANY CONFIDENTIAL INFORMATION PROVIDED TO THIS OFFICE IS NOT INFORMATION PROTECTED BY AN ATTORNEY-CLIENT RELATIONSHIP. THEREFORE, INFORMATION PROVIDED TO THE OFFICE OF THE PROSECUTING ATTORNEY MAY BE USED BY THE OFFICE IN THE PROSECUTION OF CRIMINAL OFFENSES OR CIVIL VIOLATIONS WITHOUT REGARD FOR SOURCE OF THE INFORMATION. THE UNDERSIGNED ACKNOWLEDGES THAT HIS/HER INVOLVEMENT IN THE TITLE IV-D CHILD SUPPORT PROGRAM DOES NOT PROTECT HIM/HER FROM PROSECUTION FOR ANY CRIMINAL OFFENSE OR CIVIL INFRACTIONS.

FOR TANF RECIPIENTS ONLY: For public assistance received and to be received, the undersigned, hereby assigns and transfers unto the State of Indiana, all support rights (accrued, pending, and continuing) which I have against the absent parent(s) for the support of myself and/or the child (ren) for whom I am applying for, or receiving public assistance. This assignment is subject to 42 U.S.C. 602(a)(26) as amended, and is intended to transfer all legal rights and remedies to effectuate the support rights upon termination of eligibility for assistance, but current support will continue to be collected and distributed to me after the date of termination (and longer at my option) pursuant to 42 U.S.C. 657(c). This assignment shall not terminate with respect to support rights accrued as of the date of termination of eligibility for assistance unless, and until, the past public assistance received at any time by me (for myself and/or the child (ren) has been fully repaid. Pursuant to the cooperation notice I have received and part of the application for assistance, I agree to cooperate in getting the absent parent to pay support. I understand that failure to cooperate shall result in termination of financial assistance and/or Medicaid for myself.

NOTE: THIS FORM IS A WAIVER OF LEGAL RIGHTS AND SHOULD BE SIGNED ONLY AFTER BEING READ CAREFULLY. YOUR SIGNATURE VERIFIES THAT YOU HAVE READ AND UNDERSTAND THE CONTENTS OF THIS FORM.

I HAVE READ THE ABOVE AND FULLY UNDERSTAND THE CONTENTS OF THIS WAIVER AND
CONSENT TO THE TERMS.

DATE

SIGNATURE

ATTENTION

You **MUST** complete and return the Affidavit of Direct Support Payments with your application for IV-D services with the Bartholomew County Prosecutor's Office. If you fail to complete and return this form, the Bartholomew County Prosecutor's Office will NOT assist you in enforcing the child support obligation.

Additionally, if it is discovered in the future, at a court hearing for example, that the amount of direct payments that you swore to on this Affidavit is false or not correct, our office at that time will close your case for any further enforcement of the child support obligation for non-cooperation.

STATE OF INDIANA) IN THE BARTHOLOMEW _____ COURT
) SS:
COUNTY OF BARTHOLOMEW) CAUSE NO.

IN RE THE

PETITIONER

Vs.

RESPONDENT

AFFIDAVIT OF DIRECT SUPPORT PAYMENTS

Comes now, _____, being first duly sworn, and alleges and says the following:

That I am the custodial parent of _____, whose non-custodial parent is _____. That the above-named non-custodial parent has a Court ordered child support obligation for the benefit of the minor child(ren). The non-custodial parent has paid me the sum of \$_____ in direct child support payments as of _____. **These payments were not paid through a Clerk's Office but were made directly to me. I have received no other child support payments or property for child support directly from the non-custodial parent.**

AFFIANT, CUSTODIAL PARENT

Subscribed and sworn before me this _____ day of _____, 20____

, Notary Public

My Commission Expires: _____
Bartholomew County, State of Indiana

APPLICATION FOR TITLE IV-D CHILD SUPPORT SERVICES

Complete one application for each non-custodial parent for whom application is made.

PRIVACY STATEMENT

The records in this series are confidential according Family & Social Services Administration to CFR 303.21 This agency is requesting disclosure of personal information that is necessary to accomplish the statutory purpose of the agency according to 45 CFR 303.70. Disclosure of this information is mandatory. Failure to provide any information may prevent this form from being processed.

INSTRUCTIONS (please read)

The Indiana Child Support Bureau offers child support services to persons desiring to obtain child support from a responsible parent outside the home. These services are: Complete Service or Parent Locator Only Service. **ALL FEES FOR SERVICES ARE NONREFUNDABLE.**

COMPLETE SERVICE: The applicant will be entitled to all services offered by the IV-D program as long as the case remains active. This service shall include the Parent Locator Service and the legal services of the local IV-D agency. These services include Establishing Paternity, /Establishing and/or Enforcing a support obligation (including health insurance coverage). The complete service does NOT include handling a divorce case, enforcement of custody or visitation provisions, nor matters other than those associated with the support of dependent children. All support payments may be directed to the State for monitoring and disbursement. **ANY COSTS INCURRED IN EXCESS OF THE APPLICATION FEE, SUCH AS COURT COSTS, WITNESS FEES, BLOOD TEST COSTS, IRS INTERCEPT FEES AND ADMINISTRATIVE COSTS ASSOCIATED WITH THIS CASE MAY BE CHARGED AGAINST THE APPLICANT.**

In addition the Tax Refund Intercept Project may be used to collect child support arrearages. Application for complete service does not guarantee, however, that your case will be submitted for tax refund intercept nor that tax refund monies will be collected. In order to certify a case for intercept, there must be a valid child support order, the non-custodial parent must be at least \$500 in arrears, and the applicant must have the non-custodial parent's Social Security number. If any children of the non-custodial parent have received TANF/AFDC in the past, any collection made from an intercept will first be applied by the State to any unreimbursed public assistance on any former TANF/AFDC case. If the IRS, for any reason, reclaims all or any portion of an intercepted refund that has already been paid to you, you are obligated to repay the State of Indiana the amount reclaimed by the IRS. You authorize that any such repayment may be deducted from support collected on your behalf if other arrangements have not been made and fulfilled.

PARENT LOCATOR SERVICE: The applicant will be entitled to all resources offered by the State and Federal Parent Locator Service until a verified address is provided or all sources for location are exhausted. The payment of the application fee does not guarantee a successful location. The success will greatly depend on the applicant's own knowledge about the non-custodial parent. If all sources of information are exhausted without a successful location, the applicant will be notified. Upon notification, the applicant will have six months to provide additional information. If no additional information is provided within the six month period, the case will be closed and the applicant notified.

TERMINATION OF SERVICES : The applicant may terminate services only if any charges due or overpayments owing are paid, by notifying the Child Support Bureau in writing that services are no longer

desired. The State may terminate services only in accordance with 45 C.F.R. 303.11. Services in respect to this application will also terminate if the applicant receives TANF/AFDC.

APPLICANT'S OBLIGATIONS: The applicant is expected to fully cooperate with the local IV-D agency in the legal and non-legal preparation of the case, including, but not limited to notifying the local IV-D agency of change of address, supplemental information regarding the non-custodial parent, reuniting with the non-custodial parent, and other information pertinent to the case. **THE APPLICANT MUST ALSO NOTIFY THE CHILD SUPPORT BUREAU AT THE ABOVE ADDRESS OF ANY CHANGE OF ADDRESS.**

APPLICANT'S STATEMENT

I affirm that the information in this application is true and correct and that false information could result in perjury charges against me. I understand that I am to cooperate with the local IV-D agency in order for my case to be processed, and non-cooperation can result in termination of my case. I further understand that payment of the application fee does not guarantee successful action on the case but rather all reasonable attempts will be made in my behalf to obtain successful results for the service requested. I have read and understand the above **NOTICE.**

I hereby request the following service under the terms outlined above.

____ Complete Service ____ Parent Locator Service Only

Signature of applicant

Date signed (month, day, year)

Application taken by:

Fee paid

Case number

\$ _____

AGREEMENT

I understand and agree that support payments collected hereafter from the non-custodial parent names above on behalf of myself and/or the above named children will be paid to the Division of Family and Children, Family and Social Services Administration, and that said support payments will be paid to me by the agency after deduction of any charges due and owing to that agency, Such charges are explained in page one of the “Application for Title IV-D Child Support Services” executed by the applicant. This authorization shall continue in effect until terminated in the matter set forth on page one of the “Application for Child Support Services.”

Printed name of applicant

Signature of applicant

Date signed (month, day, year)

Cause number or support order

Court name

BARTHOLOMEW COUNTY PROSECUTOR'S OFFICE CHILD SUPPORT ENFORCEMENT
INTERVIEW SHEET

PETITIONER / CUSTODIAL PARENT INFORMATION: *(the person the child lives with)*

NAME: _____ MAIDEN: _____
 (First) (Middle) (Last)

ADDRESS: _____

PREVIOUS ADDRESS: _____

PHONE: (Home) _____ (Work) _____ (Message) _____

DATE OF BIRTH: _____ PLACE OF BIRTH: (City, County & State) _____

SOCIAL SECURITY NUMBER: _____ RACE: _____ PRESENT MARITAL STATUS: _____

ARE YOU EMPLOYED? YES _____ NO _____ If yes, where? _____

CHILDREN BORN OF THIS RELATIONSHIP: *(If more than two, add others to back page)*

NAME: _____
DATE OF BIRTH: _____ MALE _____ FEMALE _____
SOCIAL SECURITY NUMBER: _____
PLACE OF BIRTH: _____
NAME OF HOSPITAL: _____

NAME: _____
DATE OF BIRTH: _____ MALE _____ FEMALE _____
SOCIAL SECURITY NUMBER: _____
PLACE OF BIRTH: _____
NAME OF HOSPITAL: _____

YOUR RELATIONSHIP TO THE DEFENDANT/RESPONDENT: *(the non-custodial parent)*

_____ married to _____ separated from _____ ex-spouse _____ never married _____ boyfriend _____ girlfriend _____ aunt _____ grandparent

IF YOU WERE MARRIED TO THE DEFENDANT/RESPONDENT WHEN DID THE MARRIAGE TAKE PLACE AND IN WHAT CITY AND STATE?

DATE OF SEPARATION: _____ HAVE YOU FILED FOR DIVORCE? YES _____ NO _____

WHEN DID YOU FILE FOR DIVORCE? _____ WHERE? (County and State) _____

IS THE DIVORCE FINAL? YES _____ NO _____ IF YES, WHEN WAS IT FINAL? _____

IF YOU ARE NOT THE NATURAL PARENT OF THE CHILD(REN) IS THERE A COURT ORDER GIVING YOU GUARDIANSHIP OR CUSTODY?

YES _____ NO _____ IF YES, WHEN DID THIS TAKE PLACE AND IN WHAT COUNTY AND STATE: _____

IF THE CHILD(REN) WERE BORN OUT OF WEDLOCK, HAS PATERNITY BEEN ESTABLISHED THROUGH A COURT?

YES _____ NO _____ IF YES, WHEN AND WHERE WAS PATERNITY ESTABLISHED? _____

WAS A PATERNITY AFFIDAVIT SIGNED AT THE HOSPITAL? YES _____ NO _____ (IF YES, YOU MUST PROVIDE A COPY)

WAS A PATERNITY AFFIDAVIT SIGNED AT THE HEALTH DEPARTMENT? YES _____ NO _____ (IF YES, YOU MUST PROVIDE A COPY)

IS THERE A CHILD SUPPORT ORDER? YES _____ NO _____ IF YES, WHAT IS THE DATE OF THE ORDER _____

IS THE DEFENDANT/RESPONDENT MAKING CHILD SUPPORT PAYMENTS? YES _____ NO _____

IF YES, ARE PAYMENTS MADE TO YOU DIRECTLY OR THROUGH A CLERK'S OFFICE? _____

DATE AND AMOUNT OF LAST PAYMENT RECEIVED? _____

HAVE YOU EVER BEEN TO A PROSECUTOR'S OFFICE TO FILE A PATERNITY ACTION OR TO REQUEST CHILD SUPPORT SERVICES FOR THE

CHILD(REN)? YES _____ NO _____

IF YES, WHERE AND WHEN? (County, State and approximate date) _____

NON-CUSTODIAL PARENT INFORMATION (NON-CUSTODIAL PARENT)

FULL NAME: _____ ALIAS: _____
(First) (Middle) (Last)

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

PLACE OF BIRTH (City, County and State): _____

PHYSICAL DESCRIPTION:

RACE: _____ SEX: _____ HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____

OTHER DISTINGUISHING FEATURES: (example: beard, glasses, tattoos, scars etc.) _____

CURRENT ADDRESS: _____

LAST KNOWN ADDRESS: _____ DATE: _____

PHONE: (Home) _____ (Work) _____ (Message) _____

CURRENT EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

LAST KNOWN EMPLOYER: _____

LAST KNOWN EMPLOYER'S ADDRESS: _____

PAST JOBS AND OR TYPE OF WORK DONE IN THE PAST _____

DEFENDANT/RESPONDENT'S MOTHER'S NAME AND ADDRESS: _____

MOTHER'S MAIDEN NAME: _____

DEFENDANT/RESPONDENT'S FATHER'S NAME AND ADDRESS: _____

WHERE DOES DEFENDANT/RESPONDENT DO HIS BANKING? _____

DOES HE HAVE A: _____ CHECKING ACCOUNT _____ SAVINGS ACCOUNT?

DOES THE DEFENDANT/RESPONDENT RECEIVE GOVERNMENT BENEFITS? YES _____ NO _____

IF YES, EXPLAIN: _____

IS DEFENDANT/RESPONDENT A MEMBER OF A UNION OR OTHER ORGANIZATION? YES _____ NO _____

IF YES, EXPLAIN: _____

HAS THE DEFENDANT/RESPONDENT BEEN IN THE MILITARY? YES _____ NO _____ BRANCH: _____

HAS THE DEFENDANT/RESPONDENT EVER BEEN ARRESTED? YES _____ NO _____

DATE _____ OFFENSE: _____

CITY AND STATE: _____

IS THE DEFENDANT/RESPONDENT CURRENTLY ON PROBATION _____ YES _____ NO; COUNTY AND STATE _____

NAME OF PROBATION OFFICER _____

DOES THE DEFENDANT/RESPONDENT OWN A VEHICLE? YES _____ NO _____

WHAT KIND? _____

DOES THE DEFENDANT/RESPONDENT OWN ANY PROPERTY? YES _____ NO _____

IS THE DEFENDANT/RESPONDENT MARRIED: YES _____ NO _____ TO WHOM: _____

**IF THE CHILD(REN) WERE BORN DURING A MARRIAGE AND DOES NOT
REQUIRE PATERNITY PLEASE STOP HERE!!!!!!!!!!**

SIGNATURE OF PETITIONER

DATE

**PLEASE ANSWER THE FOLLOWING QUESTIONS IF PATERNITY
HAS NOT BEEN ESTABLISHED FOR THE CHILD(REN)**

NAME OF PETITIONER / CUSTODIAL PARENT: _____
(First) (Middle) (Last)

CHILD'S NAME: _____
(First) (Middle) (Last)

CHILD'S DATE OF BIRTH _____ CHILD'S SOCIAL SECURITY NUMBER: _____

CHILD'S BIRTHPLACE: (city, state and name of hospital) _____

1. WHEN DID YOU BECOME PREGNANT WITH THIS CHILD? _____

2. WAS THE CHILD BORN PREMATURE? ____ YES ____ NO

3. DOES THE ALLEGED FATHER KNOW ABOUT THIS CHILD? ____ YES ____ NO

4. WHEN DID YOU TELL HIM YOU WERE PREGNANT? _____

5. WHAT WAS HIS REACTION? (Was he happy, sad, surprised, etc.) _____

6. WHEN WAS THE FIRST TIME YOU HAD SEXUAL INTERCOURSE WITH THE FATHER? _____

7. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THE FATHER? _____

8. WERE YOU MARRIED TO SOMEONE OTHER THAN THE PERSON YOU HAVE NAMED AS THE FATHER OF THIS CHILD WITHIN 300 DAYS OF THE TIME OF CONCEPTION AND/OR DATE OF BIRTH OF THIS CHILD?
____ YES ____ NO

IF YES, WHOM WERE YOU MARRIED TO? _____

ADDRESS: _____

ARE YOU DIVORCED FROM THIS PERSON? ____ YES ____ NO

HAVE THERE BEEN DNA TESTS TO PROVE THAT HE IS NOT THE FATHER? ____ YES ____ NO

9. DID YOU LIST SOMEONE ON THE BIRTH CERTIFICATE AS A FATHER? ____ YES ____ NO

IF YOU DID, WHOM DID YOU NAME? _____

10. IN THE YEAR PRIOR TO THE BIRTH OF SAID CHILD DID YOU HAVE SEXUAL RELATIONS WITH ANYONE ELSE? ____ YES ____ NO

IF YES, LIST THEIR NAMES AND ADDRESS OF WHO YOU HAD SEXUAL RELATIONS WITH AND THE DATES THAT THEY OCCURRED.

NAME: _____ ADDRESS: _____ DATE: _____

NAME: _____ ADDRESS: _____ DATE: _____

11. HAVE YOU EVER FILED A LEGAL ACTION TO ESTABLISH PATERNITY FOR THE CHILD? ____ YES ____ NO

IF YES, WHAT WAS THE NAME OF THE ALLEGED FATHER? _____

WHAT WERE THE RESULTS? _____

12. FROM YOUR KNOWLEDGE IS THE ALLEGED FATHER WILLING TO ADMIT THAT HE IS THE FATHER OF THIS CHILD? ____ YES ____ NO

13. DO YOU THINK THE ALLEGED FATHER WILL REQUEST GENETIC TESTING? ____ YES ____ NO

14. HAS THE ALLEGED FATHER PROVIDED ANY MEANS OF SUPPORT FOR THE CHILD? ____ YES ____ NO

IF YES, HOW MUCH AND WHEN? _____

15. HAS ANYONE EVER PAID SUPPORT FOR THE CHILD OR BOUGHT FOOD OR CLOTHES FOR THE CHILD? ____ YES ____ NO

IF YES, NAME THE PERSON AND THEIR RELATIONSHIP TO THE CHILD: _____

16. DID YOU EVER LIVE WITH THE ALLEGED FATHER? ____ YES ____ NO

IF YES, AT WHAT ADDRESS: _____

17. HOW LONG HAVE YOU KNOWN THE ALLEGED FATHER? _____

18. HAS THE ALLEGED FATHER ADMITTED TO YOU, OR ANYONE THAT HE IS THE FATHER OF THE CHILD? ____ YES ____ NO

IF YES, TO WHOM? _____

19. WHO PAID FOR THE BIRTH EXPENSES FOR THIS CHILD? _____

NAME OF INSURANCE: _____ POLICY NUMBER: _____

20. DO YOU HAVE ANY PICTURES OF THE RESPONDENT AND THE CHILD TOGETHER? ____ YES ____ NO

I UNDERSTAND THAT THE INFORMATION I HAVE GIVEN IN ANSWER TO THESE QUESTIONS IS CONFIDENTIAL AND WILL NOT BE USED EXCEPT IN THE PROSECUTION OF A PATERNITY ACTION AGAINST THE REPENDENT, IF NECESSARY.

I DECLARE AND AFFIRM, UNDER THE PENALTIES OF PERJURY, THAT ALL OF THE INFORMATION STATED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Petitioner

Subscribed and sworn to before me this _____ day of _____, 20____.

MY COMMISSION EXPIRES:

Notary Public

Printed Name: _____

**Bartholomew County Prosecutor's Office
Child Support Division**

.....

Request for Information or Service

Please Be Advised:

1. All requests for case-specific information or service must be made **in writing**. No case-specific information will be provided in person or by phone.
2. You must present a current state-issued photo ID and verify your mailing address before we will accept a written request for information or service.
3. If you are a non-custodial parent represented by an attorney, this office cannot respond to your request for information or service. All requests must be made through your attorney of record.
4. All requests for a printout of your child support payment history must be made to the Child Support Payment Office of the Bartholomew County Clerk's Office.
5. This office represents the State of Indiana in matters involving paternity and child support. This office does not represent custodial or non-custodial parents. There is no attorney-client relationship formed by being a participant on the Child Support program of the Bartholomew County Prosecutor's Office.